IMPORTANT: Please read these instructions carefully before completing the Form ETA-9089 – *Application for Permanent Employment Certification* and Appendices A to E. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9089 and Appendices A to E. For applications submitted by mail, the Form ETA-9089, the Form ETA-9089 – General Instructions, and Appendices A to E, are available to be downloaded from the Office of Foreign Labor Certification (OFLC) website at https://www.dol.gov/agencies/eta/foreign-labor. All filers must review the Form ETA-9089 for completeness and accuracy prior to submission electronically or by mail and ensure that all supporting documentation required to be submitted concurrently with the Form ETA-9089 is attached. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review by the Department of Labor (Department or DOL) and will not retain a filing date.***

Those items marked with an asterisk (*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A." Although not required, applications and documents submitted by mail should include a cover page with the full name, job title, address, and phone number of the employer's point of contact with an index for the documents included with the application.

Anyone who knowingly and willingly furnishes any false information in the preparation of Form ETA-9089 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).

Employing or continuing to employ a foreign worker unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record. Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named foreign workers or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, the Occupational Safety and Health Administration, the Department of Homeland Security (DHS), Department of Justice, the Equal Employment and Opportunity Commission, and the Department of State. Further relevant disclosures may be made in accordance with the Privacy Act.
To obtain information on further relevant disclosures of this record, please visit the DOL website at http://www.dol.gov.

Public Burden Statement *(1205-0451)*

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 52 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information, although not all appendices are required to be completed by every applicant. Employers are required to maintain all records associated with this application for a period of 5 years from the latest of the following dates: the date on which the Immigrant Petition is approved by USCIS; the date the approved Application for Permanent Employment Certification expires, if the employer does not file an Immigrant Petition using the certification; or the date the Application for Permanent Labor Certification or Immigrant Petition is denied or withdrawn. The burden estimate is as follows: Form ETA-9089 – 10 minutes, Appendix A – 12 minutes, Appendix B – 3 minutes, Appendix C – 6 minutes, Appendix D – 3 minutes, Appendix E – 4 minutes, and recordkeeping – 5 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, Section 212(a)(5)). Please send comments regarding this burden, including suggestion to reduce this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box N-5311, Washington, DC, 20210 or by email to ETA.OFLC.Forms@dol.gov. (Paperwork Reduction Project OMB 1205-0466). **Please do not send the completed application to this address.**

Section A
Employer Information (Headquarters or Main Office)

Note: The information entered in this section must be the same as the employer information stated for the employer's job opportunity on the prevailing wage determination (PWD) for the Form ETA-9141, *Application for Prevailing Wage Determination*, issued by the Department.

1. Enter the full name of the individual employer, partnership, corporation (i.e., the employer filing this application). The employer's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).

2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization (i.e., the employer filing this application). If no trade name or "Doing Business As" (DBA) name, enter "N/A."

3. Enter the street address of the employer's principal place of business. The place of business must be a physical location and not a Post Office (P.O.) Box.

4. If additional space is needed for the street address, use this field to complete the employer's street address. If no additional space is needed, enter "N/A."

5. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

6. Enter the state, district, or territory of the employer's principal place of business.

7. Enter the postal (zip) code of the employer's principal place of business.

8. Enter the country of the employer's principal place of business.

9. Enter the province of the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if outside of the United States.

11. Enter the extension of the telephone number for the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

12. Enter the nine-digit Federal Employer Identification Number (FEIN), as assigned by the IRS. **Do not enter a social security number**. All employers, **including private households**, MUST obtain a FEIN from the IRS before completing this application. Information on obtaining a FEIN can be found at www.irs.gov.

13. Enter the four-digit North American Industry Classification System (NAICS) code that best describes the employer's business, not the PERM job opportunity. A listing of NAICS codes can be found at https://www.census.gov/naics.

14. Enter the number of employees currently on the employer's payroll (i.e., employees employed by the employer) in the place(s) of employment. The place(s) of intended employment is the area within normal commuting distance of the address of the place of intended employment.

15. Enter the year the employer began business or was incorporated. If the employer is a private household, enter the year the IRS issued a FEIN. Use a full year (YYYY) format.

16. If the employer is a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest, mark "Yes." Otherwise, mark "No." A closely held corporation is typically one with relatively few shareholders and whose shares are not generally traded in the securities market.

17. If there is a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators of the employer, mark "Yes." A familial relationship includes any relationship established by blood, marriage, or adoption, even if distant. For example, cousins of all degrees, aunts, uncles, grandparents and grandchildren are included. It also includes any relationship established through marriage (including domestic partnerships, common-law marriages or civil unions), such as in-laws and stepfamilies. Otherwise, mark "No."

Section B
Employer Point of Contact Information

An employer point of contact is a person employed by the employer whose position authorizes the person to provide information and supporting documentation concerning the *Application for Permanent Employment Certification* and to communicate with the Department on behalf of the employer. The employer point of contact should be the individual most familiar with the content of the application and

circumstances of the permanent employment offered through this application.

Note: The employer point of contact information in this Section—specifically, the name, telephone number, and email address—must be different from the attorney/agent information listed in Section C, except when an attorney listed in Section C is an employee of the employer.

1. Enter the last (family) name of the employer's point of contact.

2. Enter the first (given) name of the employer's point of contact.

3. Enter the middle name(s) of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

4. Enter the job title of the employer's point of contact.

5. Enter the business street address of the employer's point of contact. The place of business must be a physical location and not a P.O. Box.

6. If additional space is required for the street address, use this field to complete the street address. If no additional space is required, enter "N/A."

7. Enter the city of the employer's point of contact. If the city in B.7 and the country in B.10 are the same, the name must be entered in both fields.

8. Enter the state, district, or territory of the employer's point of contact.

9. Enter the postal (zip) code of the employer's point of contact.

10. Enter the country of the employer's point of contact.

11. Enter the province of the employer's point of contact, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and telephone number for the employer's point of contact. Include country code, if outside of the United States.

13. Enter the extension of the telephone number for the employer's point of contact, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the employer's point of contact in the format name@emailaddress.top-level domain. The email entered in this field must be the same as the one regularly used by the employer's point of contact for its business operations and must be capable of sending and receiving electronic communications from the Department with respect to the processing of this application. If the employer's point of contact does not possess a business email address, please enter "N/A."

Section C
Attorney or Agent Information (If applicable)

Note: The attorney/agent information in this section—specifically the name, telephone number, and email address—must be different from the employer's point of contact information in Section B, except when an attorney listed in this Section is an employee of the employer.

1. Identify whether an attorney or agent is filing this application on behalf of the employer. Only mark one box. If "Attorney" or "Agent" is selected, complete the remainder of Section C. If "None" is selected, skip questions 2 to 19 in this section and continue to Section D.

2. Enter the last (family) name of the attorney/agent.

3. Enter the first (given) name of the attorney/agent.

4. Enter the middle name(s) of the attorney/agent, if applicable. If the attorney/agent does not have a middle name, enter "N/A."

5. Enter the business street address of the attorney/agent.

6. If additional space is required for the street address, use this field to complete the attorney/agent's street address. If no additional space is required, enter "N/A."

7. Enter the city of the attorney/agent.

8. Enter the state, district, or territory of the attorney/agent.

9. Enter the postal (zip) code of the attorney/agent.

10. Enter the country of the attorney/agent.

11. Enter the province of the attorney/agent, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and telephone number of the attorney/agent. Include country code, if outside of the United States.

13. Enter the extension of the telephone number of the attorney/agent, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the attorney/agent in the format name@emailaddress.top-level domain. The email entered in this field must be the one regularly used by the attorney/agent's point of contact to send and receive electronic communications from the Department with respect to the processing of this application. If the attorney/agent's point of contact does not possess a business email address, please enter "N/A."

15. Enter the attorney/agent's law firm or business name. The attorney/agent's law firm or business name is the exact name that is reported to the IRS.

16. Enter the attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS. **Do not enter a social security number**. See Page 4 of these instructions for more information on how to obtain a FEIN.

Note: Questions 17 through 19 in this section must be answered when "Attorney" is selected and instances in which an "Attorney" is acting as an "Agent" in response to question C.1. The answers to questions 18 and 19 below should correspond to the same state for which a bar number was provided in question 17, if there is any.

17. Enter the attorney's state bar number. If the attorney is licensed in more than one state, enter only one state bar number. If submitting this form electronically and the attorney is licensed in a state that does not issue state bar numbers, leave the field blank and once confirmed the field will be automatically pre-populated with "N/A." If the employer is not filing electronically, please enter "N/A."

18. Enter the state of the highest court where the attorney is in good standing.

19. Enter the name of the highest court in the state where the attorney is in good standing.

Section D
Foreign Worker Information

1. In order to request a labor certification, the employer must **mark the "Yes" checkbox** to indicate that a completed **Appendix A** identifying the foreign worker being sponsored for permanent employment is attached to this application. If the "No" checkbox is selected, the application will be denied.

2. Identify whether the attorney/agent representing the foreign worker is also contracted with the employer by checking "Yes" or "No." Mark only one box.

Section E
Job Opportunity and Wage Information

Note: The job opportunity and wage information data will be directly imported from the Form ETA-9141, *Application for Prevailing Wage Determination* associated with the PWD tracking number. The PWD captures the employer and agent information, as well as the specific job requirements, special skills, licenses, certifications, etc., required for the job opportunity. The PWD also lists the specific place(s) of employment where the work will be performed. OFLC's electronic filing system will use this same information to confirm the place(s) of intended employment and the job duties and requirements for the job opportunity listed on the Form ETA-9089. By using the PWD tracking number to link and pre-populate certain areas of the Form ETA-9089, OFLC enhances the application submission and review process by reducing the amount of time and potential data entry errors associated with manually

entering data into fields that historically have not been linked, which produces more accurate applications that can be reviewed more quickly. This enhancement also limits any modification between the approval of the PWD and the filing of the Form ETA-9089, thus reducing potential clerical errors that would result in

a request for information, Audit Notification, or Denial. If the PWD includes two wages, the wage in Section G.4 of the PWD is based on the minimum requirements, and the wage in Section G.5 of the PWD is based on the alternative requirements. The higher of the two wages as the determined prevailing wage must be used when completing the Form ETA-9089, *Application for Permanent Employment Certification*. The offered wage must be equal to or greater than the higher wage of the two sets of requirements. If the employer submits a Form ETA-9089 with only one set of requirements (whether the minimum or alternative requirements), the offered wage in Section E.3 must be at least the prevailing wage associated with that set of requirements on the PWD.

In the event that an employer must file the Form ETA-9089 by mail, OFLC's electronic filing system will link the approved PWD by tracking number. ***The PWD sections that will be linked to the Form ETA-9089 are the Employer Information, Attorney or Agent Information, the Wage Source, and the Job Offer Information***.

1. Enter the 14-digit PWD number assigned by the Foreign Labor Application Gateway (FLAG) System or the National Prevailing Wage Center for the job opportunity listed on the application. Example: P-100-xxxxx-xxxxxx.

2. If the employer has been notified that it must undergo supervised recruitment for the job opportunity covered by this application, as set forth in 20 CFR 656.21, and a valid PWD has not been obtained, indicate whether a completed Form ETA-9141 is attached to this application by marking "Yes" or "No". If the employer has not been notified that it must undergo supervised recruitment for the job opportunity covered by this application, mark "N/A".

3. Enter the rate of pay to be paid to the worker. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the "From:" line and enter the top of the wage range on the "To:" line.

4. Indicate whether the rate of pay is per hour, week, bi-weekly, month, or year by selecting the corresponding box. Make only one selection.

5. Briefly describe any conditions about the wage rate to be paid. For example, "**the wage rate does not account for future increases due to annual cost of living increases or allowances."** Please also describe here any bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with this job opportunity, as applicable.

Section F
Place of Employment Information

Note: It is important for the employer to define the place(s) of intended employment with as much geographic specificity as possible by identifying every place of employment where work will be performed. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice requirements, layoff requirements, and prevailing wage requirements.

a. Place(s) of Employment Information

1. Identify whether the location(s) that best describes the place(s) of employment where work will be performed is a business premises, employer's private household (including live-in and domestic household workers), employee's private residence (when work is performed directly out of the employee's residence), third-party business premises, or that no one specific place of employment or physical location (if there is more than one place of employment or geographic area).

   Note: If submitting this form non-electronically and "No one specific place of employment or physical location" is marked in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2-7, mark "N/A" in question 8 and 8a, and continue to Section F.b.

2. Enter the street address of the worksite location identified in question 1, where work will be performed. The address for the place of employment must be a physical location and cannot be a P.O. Box.

3. If additional space is required for the street address, use this line. If submitting this form non-electronically and no additional space is required, enter "N/A."

4. Enter the city of the place of employment.

5. Enter the county of the place of employment.

6. Enter the state/district/territory of the place of employment.

7. Enter the postal (zip) code of the place of employment.

8. Enter the Metropolitan Statistical Area (MSA) name/Occupational Employment and Wage Statistics (OEWS) area code covering the place of employment.

9. Enter the MSA/OEWS area title covering the place of employment.

b. Additional Place(s) of Employment

Note: Additional place(s) of employment must be one or more of the additional place(s) of employment identified in Appendix A of the Form ETA-9141 for this specific job opportunity and must have the appropriate wage offer rate. Place(s) of employment within the same Bureau of Labor Statistics (BLS) Area (Metropolitan or Non-Metropolitan Statistical Areas) should also be listed if a Notice of Filing will be posted at that location.

1. If "No one specific place of employment or physical location" is marked in question F.a.1 **or** the employer's job opportunity will be performed in geographic areas other than the one disclosed in Section F.a. of this application, including geographic areas with multiple county-level PWDs, mark "Yes." Otherwise, mark "No."

If the answer to question F.b.1 is "Yes," indicate whether the employer has attached to this application a completed **Appendix B** by selecting "Yes" or "No." If the answer to question F.b.1 is "No," mark "N/A."

2. For this intended place of employment, indicate whether the employer is placing the foreign worker(s) with a third-party entity. A third-party entity is another entity at which or with which permanent

employment certification workers will be placed during the period of certification.

3. If "Yes" to Item F.2, provide the legal business name of the third-party entity (e.g., another entity) at which or with which the foreign worker(s) will be placed. Note: The entry must include the legal business name of the third-party entity. Any trade name or DBA name should also be entered, as space permits.

4. Enter the street address of the intended place of employment.

5. If additional space is needed for the street address, use this line.

6. Enter the city of the intended place of employment.

7. Enter the county of the intended place of employment. If there is no county designation or it is not known, please enter "N/A". Note: In the absence of a county, enter the appropriate parish or borough in this field. Do not enter a country in this field.

8. Enter the State/district/territory of intended employment.

9. Enter the postal (zip) code of the intended place of employment

c. Other Definable Geographic Area(s)

i. Complete this question if the MSA(s) for the employer's job opportunity are not known **or** are

dispersed over a wide geographical area **or** additional details regarding the geographic area(s) where work will be performed is needed (e.g., work itinerary, listing of cities or townships/states, counties/states, or several states). If the job opportunity requires roving, travel or possible relocation; enter the phrase "Various Places of employment,' otherwise, enter "N/A."

Section G
Additional Job Opportunity Information and Other Requirements

1. If the job opportunity is a full-time position (generally 35 hours or more), mark "Yes." Otherwise, mark "No." As requested by the Department, the employer must provide information and/or documentation to substantiate that the job opportunity is a full-time position (e.g. payroll records, position descriptions, etc.).

2. If the job opportunity is for a foreign worker who will be a live-in household domestic service worker, mark "Yes." Otherwise, mark "No." A live-in domestic household service worker is a worker who resides at and performs job duties in or around the employer's private home. The employer's private home may be a fixed place of residence or a temporary dwelling, if traveling or on vacation. Any separate and distinct dwelling occupied by the employer, which may take the form of a house, apartment, condominium, hotel, etc.—may be considered a private home.

3. 2a. Indicate whether the foreign worker is employed by the employer listed in this application by marking "Yes" or "No."

3a. If "Yes" to question G.3, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1 by marking "Yes" or "No." Otherwise, mark "N/A."

3b. If "Yes" to questions G.3 and G.3a and the employer is willing to accept any suitable combination of education, experience, or training, mark "I ACCEPT." If "Yes" in questions G.3 and G.3a, but the employer is not willing to accept any suitable combination of education, experience, or training, mark "I **DO NOT** ACCEPT."

Note: For more information on "suitable combination," read the Board of Alien Labor Certification

Appeals decision in the *Matter of Francis Kellogg*, 1994 INA 00465 (Feb. 2, 1998) (*en banc*).

4. Indicate whether the employer is relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application by marking "Yes" or "No."

4a. If "Yes" to question G.4, indicate whether the foreign worker gained any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD and identified in Question E of the Form ETA-9089. If "Yes" in question G.4, but the foreign worker did not gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity, mark "No." If the answer to question G.4 is "No," mark "N/A."

Note: A substantially comparable position/job is one that requires performance of the same job duties as the foreign worker's current position/job with the employer 51% or more of the time. If "Yes" is marked for this question, please be prepared to provide documentation, upon request from the Certifying Officer, demonstrating why it is no longer feasible to train a U.S. worker to qualify for the position.

4b. If "Yes" to question G.4, indicate whether the employer paid for any education or training that qualified the foreign worker for the job opportunity by marking "Yes" or "No." If "Yes" in question G.4, but the employer did not pay for any education and/or training that qualified the foreign worker for the job opportunity, mark "No."

5. Indicate whether the employer is seeking to employ the foreign worker as a professional athlete or professional sports team coach through this application by marking "Yes" or "No."

IMPORTANT INSTRUCTIONS FOR QUESTIONS 6 THROUGH 12
For each question marked "Yes," the employer must complete one (1) section of the Form ETA-9089 – Appendix C to provide a brief explanation justifying the

6. Indicate whether the employer's job opportunity requires the foreign worker to live on the employer's premises by marking "Yes" or "No."

7. Indicate whether the employer's job opportunity involves a combination of occupations (e.g., engineer/pilot) by marking "Yes" or "No."

Note: If "Yes" is marked for this question, please use Appendix C to explain briefly how the combination is supported by business necessity, the employer has normally employed persons for that combination of occupations, and/or workers customarily perform the combination of occupations in the place(s) of intended employment.

8. Indicate whether proficiency in a foreign language is required or preferred by the employer in order for the worker to perform the job duties described in the job opportunity by marking "Yes" or "No."

Note: If "Yes" is marked for this question, please use Appendix C to explain briefly how the foreign

language requirement is supported by business necessity.

9. Indicate whether the employer's job requirements exceed the Specific Vocational Preparation (SVP) level assigned to the occupation, as shown in the O*NET Job Zones, by marking "Yes" or "No." Otherwise, mark "N/A."

   Note: If "Yes' is marked for this question, please use Appendix C to explain briefly how the job requirements are supported by business necessity.

10. Indicate whether the employer has received any kind of payment or service in-kind for preparing and submitting this application by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to include a brief explanation of who paid the employer and an explanation of services for which the payment was received, including the amount and the date of the contract, if applicable. The explanation should also include a statement regarding if the payment was received as an incentive, inducement, or reimbursement for filing the application and if the payment is associated with the employer's attorney fees or other related activities as indicated in 20 CFR 656.12(b). The explanation must indicate whether the same attorney represents both the employer and the foreign worker. Payment includes, but is not limited to, monetary payments; wage concessions, including deductions from wages, salary, or benefits; kickbacks, bribes, or tributes; in-kind payments; and free labor.

11. Indicate whether the employer had a layoff in the occupation involved in this application or in a similar occupation within the two years immediately preceding the filing of this application in the area of intended employment of the place(s) of employment by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to explain briefly the nature of the layoff specifying the job title(s), job location(s), and the number of employees laid off. The explanation should also include how the laid off employees were notified of the job opportunity listed in this application.

12. Indicate whether the employer has placed the foreign worker identified in Appendix A with another employer (including that employer's parent, subsidiary, or affiliate) where there is an employment relationship between the foreign worker and that other employer that had a layoff in the same or similar occupation involved in this application or in a related occupation within the two years immediately preceding the filing of this application in the place(s) of intended employment by marking "Yes" or "No."

    Note: If "Yes" is marked for this question, please use Appendix C to explain briefly the nature of the layoff specifying the job title(s), job location(s), and the number of employees laid off. The explanation should include how the laid off employees were notified of the job opportunity listed in this application. The explanation should also include the employer's name and location of the other employer where the foreign worker was placed.

Section H
Recruitment Information

Note: This information will capture the employer's recruitment efforts and notice of the filing of the application. Each section is specifically designed to determine if the appropriate recruitment type was used and that the recruitment and Notice of Filing were conducted within the required timeframes, in accordance with 20 CFR 656.10, 656.14, 656.17, and 656.18 and 656.21. In addition, compliance with the filing requirements of 20 CFR 656.10 requires submission of the following supporting documentation concurrently with the Form ETA-9089: a copy of all records and documentation demonstrating compliance with pre-filing recruitment requirements set forth in § 656.17 or § 656.18; the employer's recruitment report and meeting the requirements set forth in § 656.17(f) and copies of all resumes and/or applications for each applicant who applied for the job opportunity; and a copy of the NOF providing notice to employees, as set forth in § 656.14.

a. Supervised Recruitment

1. Indicate if the employer was notified that it must conduct supervised recruitment by marking "Yes" or "No." Only select "Yes" if the employer has either received a Notice of Supervised Recruitment or a determination letter that specifically requires the employer to file the application via supervised recruitment. If "Yes" is marked because the employer must conduct supervised recruitment after filing this application, do not complete subsections b and c below, as the employer will not conduct pre-filing recruitment. *See* 20 CFR 656.10 and 656.21. Proceed to subsection d to provide information about the notice of the filing of the *Application for Permanent Employment Certification* the employer must begin before filing. *See* 20 CFR 656.10 and 656.21., the employer must provide the Notice of Filing to the bargaining representative(s) or post the Notice of Filing before filing the *Application for Permanent Employment Certification* with the Department and include a copy of the Notice of Filing concurrently with the application, in accordance with 20 CFR 656.10 and 656.14. The employer must also retain evidence of the Notice of Filing. The Certifying Officer may order employers subject to supervised recruitment to update and redistribute notice to the bargaining representative or repost Notice(s) of Filing with revised information or content. Additionally, various governmental agencies, such as DHS, DOS, EEOC, DOJ, etc., may receive findings from the employer's supervised recruitment.

b. Recruitment Type

Note: Only mark one box.

1a. Mark this box if the employer recruited for the job opportunity under 20 CFR 656.17.

1b. Mark this box if the job opportunity is for a college or university teacher

or a professional athlete or professional sports team coach and the candidate

was selected using the competitive recruitment process in accordance with 20

CFR 656.18.

Note: If this option is selected, skip subsections H.c and H.d below. The employer must submit a completed Appendix D with this application.

1.c. Mark this box if the employer claims the foreign worker identified in Appendix A possesses exceptional ability

Note: Where the employer identifies the job opportunity on the *Application for Permanent Employment Certification* as being offered to a foreign worker of exceptional ability, the employer must conduct pre-filing recruitment under 20 CFR 656.17, and prepare a recruitment report and all other supporting documentation demonstrating compliance with the requirements of 20 CFR 656.17(f) for submission with the *Application for Permanent Employment Certification. See* 20 CFR 656.24(b)(2)(i) for exceptional ability in business; and 20 CFR 656.24(b)(2)(ii) for exceptional ability in sciences or the arts. DOL will assess the employer's test of the labor market for U.S. workers and adherence to the requirements of 20 CFR part 656; and DHS's USCIS will make determinations regarding exceptional ability in accordance with its requirements.

c. Prefiling Recruitment Information

1a. Enter the name of the State Workforce Agency.

1b. Enter the job order number.

1c. Enter the start date for the State Workforce Agency job order in MM/DD/YYYY format.

1d. Enter . end date for the State Workforce Agency job order in MM/DD/YYYY format.

Note: Indicate the Recruitment type, the Name of the recruitment event and the period of advertising in this section. If the employer is filing electronically the FLAG system will auto populate the recruitment type providing various recruitment options (Employer Website, Job Search Website, Job Fair, etc.) in a drop-down listing.

2a. Enter the type of recruitment conducted by the employer.

2b. Enter the name of the recruitment event conducted.

2c. Enter the start date for the period of advertising in MM/DD/YYYY format.

2d. Enter the end date for the period of advertising in MM/DD/YYYY

format.

3a. Enter the type of recruitment conducted by the employer.

3b. Enter the name of the recruitment event conducted.

3c. Enter the start date for the period of advertising MM/DD/YYYY format.

3d. Enter the end date for the period of advertising in MM/DD/YYYY format.

4a. Enter the type of recruitment conducted by the employer.

4b. Enter the name of the recruitment event conducted.

4c. Enter the start date for the period of advertising MM/DD/YYYY format.

4d. Enter the end date for the period of advertising in MM/DD/YYYY format.

5a. Enter the type of recruitment conducted by the employer.

5b. Enter the name of the recruitment event conducted.

5c. Enter the start date for the period of advertising MM/DD/YYYY format.

5d. Enter the end date for the period of advertising in MM/DD/YYYY format.

6a. Enter the type of recruitment conducted by the employer.

6b. Enter the name of the recruitment event conducted.

6c. Enter the start date for the period of advertising MM/DD/YYYY format.

6d. Enter the end date for the period of advertising in MM/DD/YYYY format.

7a. Enter the type of company-generated referral conducted by the employer.

7b. Enter the name of the company-generated referral program/system conducted.

7c. Enter the start date for the period of company-generated referral MM/DD/YYYY format.

7d. Enter the end date for the period of company-generated referral in MM/DD/YYYY format.

d. Notice of Filing

Note: The employer must provide notice of the filing of the *Application for Permanent Employment Certification* and must be able to document that notice was provided to the bargaining representative(s), or if there is no bargaining representative, by physically or electronically posting the notice to the

employer's employees at the facilities or location(s) of employment, as indicated in Form ETA-9089 – Appendix B, in accordance of 20 CFR 656.14. This includes employers who, at the time of the *Application for Permanent Employment Certification* filing, are subject to supervised recruitment requirements. Mark **ALL** boxes that apply in this section, but please note that 1c and 1d should only be selected if 1b is selected, and only one box should be selected if 1a, 1e, or 1f is selected.

1a. Indicate r=that the notice of this filing was provided to the bargaining representative(s) for workers in the occupation in which the foreign worker will be employed; ,,within 10 working days before this application was filed and continued to be available to the bargaining representative throughout the period specified in 20 CFR 656.14(f)

1b. Indicate if notice of this filing has been physically posted within ten (10) business days before this application was filed in at least 2 conspicuous locations at the place(s) of employment and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f) by marking the box.

1c. Indicate if the notice of this filing was disseminated electronically, in a manner in accordance with the employer's normal practice of informing employees of terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f) by marking the box.

1d. Indicate if notice of this filing has been disseminated using all in-house media, in a manner in accordance with the employer's normal practice of informing employees of terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f), by marking the box.

1e. Indicate if notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing employees in the private household, terms and conditions of employment within 10 business days before the date this application was filed and will continue to be made available to employees throughout the period specified in 20 CFR 656.14(f), by marking the box.

1f. Mark this box if the employer **DID NOT** post the notice of filing.

1g. Indicate the date the notice was provided to the bargaining unit representatives; or, if no bargaining unit, indicate the start date of the physical or electronic posting(s).

Section I
Other Supporting Documentation

Note: Applications filed under 20 CFR 656.21 (supervised recruitment), skip I.1, I.2, and I.3.

1. Indicate that you have attached a signed and dated recruitment report by the employer stated in Section A of this application meeting the requirements listed under 20 CFR 656.17(f) by marking the box "Yes."

2. Indicate that you have attached legible copies of all recruitment materials used to advertise for all applicants for the job opportunity by the employer identified in this application meeting the requirements listed under 20 CFR 656.17 or 656.18 by marking the box "Yes."

3. Indicate that you have attached legible copies of all resumes and/or applications submitted by applicants for the job opportunity listed by the employer identified in Section A of this application by marking the box "Yes."

Note: Questions I.4 and I.5 are ONLY for live -in household domestic workers. If you marked "Yes" to question G.2 of this application, you MUST answer questions I.4 and I.5.

4. Indicate that a copy of the executed contract between the employer listed in Section of A of this application and the foreign worker identified in Appendix A of this application has been retained and will be provided upon request by marking the box "Yes" or "N/A."

5. Indicate that you are attaching documentation substantiating the foreign worker listed in Appendix A of this application has at least one year experience as a full-time paid live-in domestic worker has been retained and will be provided upon request by marking the box "Yes" or "N/A."

Note: Question I.6 is ONLY for a foreign worker listed in this application with ownership interest(s) or a familial relationship with the employer listed in Section A of this application. If you marked "Yes" to question A.16 or A.17 of this application, you MUST answer question I.6.

6. Indicate that documentation necessary to assess the extent of the foreign worker's influence over the job opportunity and such documentation that meets regulatory requirements has been retained and will be provided upon request by marking the box "Yes" or "N/A."

Note: Questions I.7 and I.8 are ONLY for professional athletes and coaches. If you marked "Yes" to question G.8 of this application, you MUST answer questions I.7 and I.8.

7. Indicate that you are attaching a copy of a fully executed contract that is signed and dated by the employer listed in Section A of this application and the foreign worker listed in Appendix A of this application covering the entire year or time period that shows specific payments made to the foreign worker by marking the box "Yes" or "N/A."

8. Indicate that you are aware attaching an employment letter to the foreign worker listed in Appendix A of this application providing that the foreign worker will work at least 10 hours per week during the off-season period by marking the box "Yes" or "N/A."

Note: Question I.9 is ONLY for a foreign worker listed in this application who is a professional athlete. Under the regulations, a condition of certification is verification of notice to a Players Association or trade union(s) and their non-objection of this application.

9. Indicate that you are attaching a copy of a letter or response from the Player's Association or applicable trade union(s) that they have no objection to the employment of the foreign worker listed in Appendix A of this application after receiving notice from the employer listed in Section A of this application by marking the box "Yes" or "N.A"

Section J
Declaration of Employer and Attorney/Agent

Note: Read the employer's attestations carefully before signing. It is the employer's responsibility to verify the accuracy of the terms, assurances and obligations provided in this application as a condition of applying and receiving a permanent labor certification from the United States Department of Labor. Additionally, the employer must ensure that Appendix E is attached to this application. Failure to provide the required Appendix E will result in an incomplete application subject to return.

1. Indicate whether you have signed and dated Appendix E for the employer identified in section A of this application and have attached Appendix E by marking "Yes."

Section K
Preparer

1. Enter the full legal (family) last name of the preparer's point of contact.

2. Enter the full (given) first name of the preparer's point of contact.

3. Enter the middle name of the preparer's point of contact.

4. Enter the nine-digit FEIN as assigned by the IRS. Do not enter a social security number.

5. Enter the full legal name of the business, person, association, firm, corporation, i.e. the preparer filing this application. The preparer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the IRS.

6. Enter the full business email address of the preparer's point of contact in the format name@emailaddress.top-level domain.

APPENDIX A – Foreign Worker Information

Note: The foreign worker information in this section must be different from the attorney/agent information listed in Section C and **must be different** from the employer information listed in sections B and C, unless the employer's job opportunity is for a live-in household domestic service worker. Appendix A must be submitted with the Form ETA-9089 in order for the application to be considered complete. If filing electronically, Appendix A will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089 – Appendix A, and all other required appendices. ***In accordance with 20 CFR 656.10(g), incomplete.***

Applications will be returned without review and will not retain a filing date. Applications and documents submitted by mail should include a cover page with the name, title, address, and phone

number of the point of contact. The cover page should also index the documents included in the mailing.

A. Foreign Worker Contact Information

1. Enter the last (family) name of the foreign worker. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field.

2. Enter the first (given) name of the foreign worker. If the foreign worker has only one name, enter "FNU" (first name unknown) in this field.

3. Enter the full middle name of the foreign worker. If the foreign worker does not have a middle name, enter "N/A."

4. Enter the street address of the foreign worker's current residence.

5. If additional space is needed for the street address, use this line. If no additional space is needed, enter "N/A."

6. Enter the city of the foreign worker's current residence. If the city and country of residence are the same, the name must still be entered in both fields.

7. Enter the state of the foreign worker's current residence. If no state, enter "N/A."

8. Enter the postal (zip) code of the foreign worker's current residence. If no postal code, leave blank.

9. Enter the country of the foreign worker's current residence. If the city and country of residence are the same, the name must still be entered in both fields.

10. Enter the province of the foreign worker's current residence. If no province, enter "N/A."

11. Enter the foreign worker's date of birth. Use a MM/DD/YYYY format.

12. Enter the foreign worker's class of admission at the time of filing (e.g., H-1B, H-2A, etc.). If no class of admission, enter "N/A."

13. Enter the foreign worker's alien registration number (A#) assigned by DHS. If no alien registration number, enter "0" (zero).

14. Enter the foreign worker's country of birth.

15. Enter the foreign worker's country of current citizenship.

B. Foreign Worker Education

Note: This section is required if there is an educational requirement for the job opportunity. Identify any relevant diplomas/degrees attained that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. List the most recent diploma/degree attained first and complete every field for each set. This section will collect five (5) sets of diplomas/degrees. For electronic filings, if the employer needs to disclose more sections of educational attainment information, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of educational attainment sets B.a.1 through B.a.1e under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional educational information in any other form or format will not be accepted.***

If the foreign worker does not hold relevant U.S. diplomas/degrees or foreign equivalent, mark "None" in question 1 and in questions 1a through 1e, enter "N/A" or leave blank, as appropriate. Where the foreign worker attained a diploma/degree outside the U.S., mark "Other" and specify the U.S. equivalent of the diploma/degree.

1. Identify whether the foreign worker's minimum U.S. diploma or degree, relevant to the job opportunity, is None, High school/GED, Associate, Bachelor's, Master's, Doctorate, or Other degree. Only mark one box. If no relevant diploma or degree, enter "N/A."

1a. If you marked "Other" in question 1, enter the specific U.S. diploma or degree received (e.g., JD, MD, DDS, foreign equivalent or credentialing service, etc.). If you did not mark "Other" in question 1, or no relevant diploma/degree, enter "N/A."

1b. Enter the foreign worker's major(s) and/or field(s) of study for the diploma or degree indicated in question 1. You may list more than one field and/or more than one related major. If you marked "None" or "High School" in question 1, or no relevant diploma/degree, enter "N/A."

1c. Enter the name of the institution where the foreign worker received the diploma or degree identified in question 1. If no relevant diploma/degree, enter "N/A."

1d. Enter the country of the institution identified in question 1c. If no relevant diploma or degree, enter

"N/A."

1e. Enter the month and year the foreign worker received the diploma or degree identified in question 1. Use a full year (MM/YYYY) format. If no relevant diploma or degree, leave blank.

C. Foreign Worker Training Qualifications

Note: This section is required if training, a certification(s), and/or a license(s) is required for the job opportunity. Identify any relevant completed training programs, coursework, and/or other training experience (other than employment) that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. This may include, but is not limited to, programs, coursework, training experience (other than employment), etc. List the most recent training completed first. Be sure to complete every field for each set. This section will collect three (3) sets of information related to training, certifications, and/or licensure. For electronic filings, if the employer needs to disclose more sections of training, certification, and/or licensure information, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of training, certification, and/or licensure information sets C.a through C.c under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional training qualifications in any other form or format will not be accepted.***

1. Enter the full name of the institution, school, or training provider that conducted the foreign worker's training. If the foreign worker has completed no training, enter "N/A."

1a. Enter the name of training, coursework, and/or experience received by the foreign worker with the institution, school, or training provider listed in question 1. If the foreign worker has completed no training, enter "N/A."

1b. Enter any license(s), certificate(s), and certification(s) attained or issued as a result of training, coursework, or experienced received by the foreign worker. If the foreign worker has completed no training, enter "N/A."

1c. Enter the month and year the foreign worker began the training, coursework, or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

1d. Enter the month and year the foreign worker ended the training, coursework, or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

1e. Enter the month and year the foreign worker received the license(s), certificate(s), and/or certification(s) as a result of completing the training, coursework, and/or experience identified in question 1b. Use a MM/YYYY format. If the foreign worker has completed no training, leave blank.

D. Foreign Worker Skills, Abilities, and Proficiencies

Note: This section is required if there are special skills, abilities, and/or proficiencies required for the job opportunity. Identify any other relevant specific skills, abilities, and/or proficiencies the foreign worker possesses for the minimum requirements of the job opportunity for which the employer is seeking permanent labor certification. Identify with whom (e.g., employer, school, training provider) and the geographic location (e.g., United States of America, Maryland) the foreign worker attained these skills, abilities, and/or proficiencies. This section will collect two (2) sets of information related to skills, abilities, and/or proficiencies. For electronic filings, if the employer needs to disclose more sections of skills, abilities, and/or proficiencies, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of skills, abilities, and proficiencies sets D.a and D.b under this section of the Appendix to complete and attach to the Form ETA-9089. ***Submission of additional skills, abilities, and/or proficiencies in any other form or format will not be accepted.***

1. Enter the legal business name of the employer or the full name of the institution, school, or training provider from which the foreign worker attained the skills, abilities, and/or proficiencies. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1a. Enter the country of the employer, institution, school, or training provider where the foreign worker attained the skills, abilities, and/or proficiencies listed in question 1. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1b. Enter the state, territory, or province of the employer, institution, school, or training provider from which foreign worker attained the skills, abilities, and/or proficiencies listed in question 1. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

1c. In the space provided (up to 1,500 characters), enter a brief description of specific skills, abilities, and/or proficiencies the foreign worker attained for the minimum requirements of the employer's job opportunity. If the foreign worker has no relevant skills, abilities, and/or proficiencies for the minimum requirements of the employer's job opportunity, enter "N/A."

E. Foreign Worker Work Experience

Note: This section is required if there are experience requirements for the job opportunity. Identify any relevant employment experiences (other than training) that qualify the foreign worker for the job opportunity for which the employer is seeking permanent labor certification. This may include, but is not limited to, paid and unpaid experience, internships, apprenticeships, etc. List the most recent experience first. This section will collect one (1) set of information related to work experience. For electronic filings, if the employer needs to disclose more sections of work experience, the filing system will automatically provide the employer with the option of adding more sets until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of the work experience set E.a of the Appendix to complete and attach to the Form ETA-9089. ***The employer must complete every field for each set and submission of additional work experience information in any other form or format will not***

be accepted.

DO NOT include contact information (e.g., telephone number, email address) of the employer and the name(s) of the foreign worker's supervisor(s) or manager(s).

DO NOT include periods of unemployment.

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer that employed the foreign worker. If the foreign worker does not have any relevant work experience, enter "N/A."

1a. Enter the street address of the employer identified in question 1. If the foreign worker does not have any relevant work experience, enter "N/A."

1b. Enter additional information about the street address of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or no additional space is needed, enter "N/A."

1c. Enter the city or town of the employer identified in question 1. If the city and country are the same, the name must still be entered in both fields. If the foreign worker does not have any relevant work experience, enter "N/A."

1d. Enter the postal (zip) code of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or the postal code is not known or does not exist, leave blank.

1e. Enter the country of the employer identified in question 1. If the city and country are the same, the name must still be entered in both fields. If the foreign worker does not have any relevant work experience, enter "N/A."

1f. Enter the state, territory, or province of the employer identified in question 1. If the foreign worker does not have any relevant work experience, or no state, territory, or province exists, enter "N/A."

1g. Enter the foreign worker's job title with the employer identified in question 1. If the foreign worker does not have any relevant work experience, enter "N/A."

1h. Enter the month and year the foreign worker started working for the employer identified in question 1. Use a MM/ YYYY format. If the foreign worker does not have any relevant work experience, enter "N/A."

1i. Enter the month and year the foreign worker stopped working or ended employment with the employer identified in question 1. Use a MM/YYYY format. If the foreign worker does not have any relevant work experience, leave blank.

1j. Mark "Yes" to indicate that the foreign worker is currently working for the employer identified in question 1. If the foreign worker is not currently working with the employer identified in question 1, mark "No." If the foreign worker does not have any relevant work experience, leave blank.

1k. Enter the normal number of hours the foreign worker worked per week while working for the employer identified in question 1. If the foreign worker does not have any relevant work experience, leave blank.

1l. Enter a description of the job duties the foreign worker performed while working for the employer identified in question 1. Include work done, managerial or supervisory functions performed, equipment and tools used, materials or products handled, and all other relevant information (up to 3,500 characters). ***The description must be completed in the space provided***. If the foreign worker does not have any relevant work experience, enter "N/A."

APPENDIX B – Place(s) of Employment

Note: Employers are required to complete Appendix B when "Yes" is marked for question b.1 under Section F on the Form ETA-9089, indicating that work for the job opportunity will be performed in geographic areas other than the one identified under Section F.a on the application.

If filing electronically, Appendix B will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address, and phone number of the point of contact. The cover page should also index the documents included in the mailing.

This Appendix will collect five (5) sections of additional place(s) of employment information. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of this Appendix until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of this Appendix to complete and attach to the Form ETA-9089. If the employer is required to undergo supervised
recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer and as applicable. All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

Submission of additional place(s) of employment in any other form or format will not be accepted. Additional place(s) of employment must be one or more of the additional place(s) of employment identified in Appendix A of the Form ETA-9141 for this specific job opportunity associated with the PWD tracking number in section of the Form-ETA-9089 and must have the appropriate wage offer rate. Place(s) of employment within the same BLS Area (Metropolitan or Non-Metropolitan Statistical Areas) should also be listed if a Notice of Filing will be posted at that location.

1. Enter the county (or independent city, township(s), borough(s), parish(es), as appropriate) of the place(s) of intended employment.

2. Enter the state of the place(s) of intended employment.

3. Enter the Metropolitan Statistical Area (MSA) Name/Occupational Employment and Wage Statistics (OEWS) area code covering the place(s) of employment.

3a. Enter the MSA/OEWS area title covering the place(s) of employment.

APPENDIX C – Supplemental Information

Note: Employers are required to complete Appendix C when "Yes" is marked in any of the questions 6 through 12 under Section G on the Form ETA-9089. Specifically, this Appendix is used to elaborate or further explain the business necessity of one or more requirements of the employer's job opportunity under consideration for permanent labor certification.

If filing electronically, Appendix C will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g)), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address, and phone number of the point of contact. The cover page should also index the documents included in the mailing.

This Appendix will collect two sections of additional information per page. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of this Appendix until all required responses are completed. For mailed or paper filings, the employer will make one or more copies of this Appendix to complete and attach to the Form ETA-9089. If the employer is required to undergo supervised recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer and as applicable. ***Submission of additional information in any other form or format will not be accepted.*** All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

1. Enter the Form ETA-9089 Section and Item number associated with the additional information to be disclosed. For example, if the employer marked "Yes" that the job opportunity requires the worker to live on the employer's premises, enter "G.6" in the space provided. Valid values for this item include the following: G.7, G.8, G.9, G.10, G.11 and G.12,.

1a. Enter the Form ETA-9089 section name and category associated with the additional information to be disclosed. For example, if the employer marked "Yes" that the job opportunity requires the worker to live on the employer's premises, enter "Job Information – Living on Employer's Premises" in the space provided. Valid values for this item include the following:

For Item G.6 "Job Information – Living on Employer's Premises" For Item G.7 "Job Information – Combination of Occupations" For Item G.8 "Job Information – Foreign Language Required" For Item G.9 "Job Information – Exceed SVP Level"
For Item G.10 "Job Information – Receipt of Payments"
For Item G.11 "Job Information – Occupational Layoff"
For Item G.12 "Job Information – Employment Relationship"

1b. Enter a brief explanation or business necessity justification in the space provided on the form (up to 1,500 characters). **No attachments will be accepted**.

APPENDIX D – Optional Pre-filing Recruitment for College and University Teachers and Professional Athletes and Sports Team Coaches

Note: Employers are required to complete Appendix D when option 1b under question H.b is selected on the Form ETA-9089. Specifically, this Appendix collects information only if recruitment for the employer's job opportunity is for a college or university teacher or professional athlete or professional sports team coach and the candidate was selected using the optional pre-filing recruitment process in accordance with 20 CFR 656.18.. If the employer is required to undergo supervised recruitment in accordance with 20 CFR 656.21, the Certifying Officer may complete this Appendix, on behalf of the employer, to document recruitment efforts. ***Submission of special recruitment and documentation procedures in any other form or format will not be accepted.*** All filers must review the Form ETA-9089 for completeness and accuracy prior to submission either by electronic filing or by mail.

If filing electronically, Appendix D will be available in the electronic filing system. If filing by mail, the employer must download and submit the Form ETA-9089, Appendix A, and all other required appendices in order for the application to be considered complete. ***In accordance with 20 CFR 656.10(g), incomplete applications will be returned without review and will not retain a filing date.*** Applications and documents submitted by mail should include a cover page with the name, title, address and phone number of the point of contact. The cover page should also index the documents included in the mailing.

1. Enter the date the foreign worker was selected for the position. Use a month/day/full year (MM/DD/YYYY) format.

2. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

2a. Enter the period of recruitment referenced in question 2 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

2b. Enter the period of recruitment referenced in question 2 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

3. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

3a. Enter the period of recruitment referenced in question 3 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

3b. Enter the period of recruitment referenced in question 3 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

4. Enter the names of the recruitment source or event for the job opportunity. If not applicable, enter "N/A."

4a. Enter the period of recruitment referenced in question 4 was started. Use a MM/DD/YYYY format. If not applicable, leave blank.

4b. Enter the period of recruitment referenced in question 4 had ended. Use a MM/DD/YYYY format. If not applicable, leave blank.

5. Describe additional recruitment conducted by the employer for the position, including sources used. A description must be completed in the space provided. **No attachments will be accepted**. If not applicable, enter "N/A."

APPENDIX E – Assurances and Obligations
For Use in Filing Applications under the PERM Program ONLY

Note: Attorneys or agents are required to complete Section A of Appendix E and employers are required to complete Section B of Appendix E. All filers must review, attest and sign those declarations prior to submission either by electronic filing or by mail.

A. Attorney or Agent Declaration

If "Attorney" or "Agent" is marked in Section C on the Form ETA-9089 , the "Attorney" or "Agent" must complete Section A of Appendix E. In accordance with 20 CFR 656.5, an attorney or agent filing a Form ETA-9089 *Application for Permanent Employment Certification* on behalf of an employer must provide upon request to the Certifying Officer a copy of the agent agreement or other document demonstrating the agent's authority to represent the employer. For more information concerning the definitions of an attorney and agent, please read the Department's regulation at 20 CFR 656.3. This should be the same information as listed in Section C of the Form ETA-9089.

1. Enter the last (family) name of the attorney/agent representing the employer in the filing of this application.
2. Enter the first (given) name of the attorney/agent representing the employer in the filing of this application.
3. Enter the middle initial of the attorney/agent representing the employer in the filing of this application.
4. Enter the firm/business name of the attorney/agent representing the employer in the filing of this application.
5. The attorney/agent must sign the application. Read the entire application and verify all contained information before signing.
6. The attorney/agent must date the application. Use a month/day/full year (MM/DD/YYYY) format.

B. Employer Declaration

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle initial of the person with authority to sign on behalf of the employer.

4. Enter the job title of the person with authority to sign on behalf of the employer.

5. The person with authority to sign on behalf of the employer must sign the application. Read the entire application and verify all contained information before signing.

6. The person with authority to sign on behalf of the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.

Form ETA-9089 – Final Determination: Permanent Employment Labor Certification Approval

Note: The instructions detailed below are specifically for applications that have been certified by the Department. This information ensures that the employer, preparer and foreign worker understand that by signing the application, they are declaring that the information provided in the submitted application is correct and true, and that the agent/attorney is authorized to act on behalf of the employer under penalty of perjury.

A submitted Form ETA-9089 resulting in certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing. When the Department enables the electronic filing system to receive electronic signatures, the employer, foreign worker, attorney, agent, and preparer, as appropriate, will be required to sign the labor certification electronically prior to submission.

A. For Government Use Only

This section identifies key information documenting the Department's decision to grant permanent labor certification on the Form ETA-9089 for purposes of filing the Form I-140 petition with USCIS. This information is pre-populated by the Department and is ***for government use only***.

B. Foreign Worker Declaration

Note: The foreign worker is required to review the information detailed in Appendix A of the Form ETA-9089 for accuracy and completeness.

1. The foreign worker must sign, by hand or electronically, their full name in (first name or given name) and (last name or family name) format. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

2. The foreign worker must enter the date the foreign worker signed field number 1 of this form in MM/DD/YYYY format.

C. Attorney or Agent Declaration

Note: This information is required if there is an attorney or agent who was hired to represent the employer for the purpose of filing a Form ETA-9089. This should be the same information as listed in Section C of the Form ETA-9089. This may also be the preparer listed in section J of the Form ETA-9089.

1. Enter the last (family) name of the attorney/agent.

2. Enter the first (given) name of the attorney/agent.

3. Enter the middle initial of the attorney/agent, if applicable. If the attorney/agent does not have a middle name, enter "N/A."

4. Enter the attorney/agent's law firm or business name. The attorney/agent's law firm or business name is the exact name that is reported to the IRS.

5. If the employer has designated an attorney/agent to represent the employer for the purpose of filing a Form ETA-9089, the attorney or agent must sign by hand or electronically their full name in (first name or given name) and (last name or family name) format. If the attorney or agent has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

6. The Attorney/Agent must enter the date the attorney/agent signed field number 5 of this form in MM/DD/YYYY format.

D. Employer Declaration

Note: This information must either be the employer's point of contact listed in section B of the Form ETA-9089 or another individual that has hiring authority for the employer. This may also be the preparer listed in section J of the Form ETA-9089.

1. Enter the last (family) name of the employer.

2. Enter the first (given) name of the employer.

3. Enter the middle initial of the employer, if applicable. Enter "N/A" if not applicable.

4. Enter the employer's job title.

5. The employer must sign by hand or electronically their full name in (first name or given name) and (last name or family name) format. If the employer has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field. For example: "John Doe" or "FNU Doe."

6. The employer must enter the date the employer signed field number 5 of this form in MM/DD/YYYY.